

**VISION IMPAIRMENT SERVICES OUTPATIENT
REHABILITATION**

VISOR

VISOR Manual for Veterans

**VA Medical Center
Lyons, NJ**

WELCOME TO THE VISOR PROGRAM

The New Jersey Health Care System is pleased to welcome you to the VISOR Program and to provide care for you and your family in the home and community as well as in the VISOR Clinic.

The VISOR Program's purpose is to provide comprehensive low vision and rehabilitation services to veterans with vision loss. Throughout the process of rehabilitation, the VISOR Team is committed to helping you and your family to adjust to the challenges of visual impairment.

By providing rehabilitation in various settings, the VISOR Program can provide you and your family the care needed to help you return to activities that you enjoyed prior to visual impairment.

VISOR MISSION, VISION, GOALS, AND VALUES

Mission: The mission of the VA New Jersey Health Care System Visual Impairment Services Outpatient Rehabilitation Program is to provide comprehensive blind rehabilitation services to visually impaired veterans and their families in order to maximize their adjustment to vision loss and quality of life.

Vision: The vision of the VISOR Program is to be the blind rehabilitation services provider of choice for visually impaired veterans in Veterans Integrated Services Network 3.

Overall Goals: The overall goals of the VISOR Program are to provide individualized evaluation, education and training to the Veterans and their families to facilitate independence and self sufficiency. The VISOR Program encourages the development of skills and activities at home, work, and in educational, recreational, and social settings to enhance veterans' independence and quality of life in adjustment to visual impairment.

Values: The VISOR Values for caring for visually impaired veterans in a patient centric model include Collaboration, Dedication, Empathy, Empowerment, Respect and Service.

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**Visually-Impaired Services Outpatient Rehabilitation
at VA New Jersey Health Care System
Frequently Asked Questions**

- **What Services are available in the VA New Jersey Health Care System for visually impaired Veterans?**

There are three services that make up the Blind Rehabilitation Program:

The Visual Impairment Services Team Program identifies and helps legally blind Veterans to adjust to their vision loss using a case management model.

The Blind Rehabilitation Outpatient Specialist works with legally blind Veterans and provides evaluation and training to assist the Veterans in maintaining independence in several skill areas.

The Visual Impairment Services Outpatient Rehabilitation Program evaluates and provides training for low vision and legally blind Veterans living in New Jersey and is part of the network of services called the Continuum of Care.

- **What are the VISOR Program and the Continuum of Care?**

The Continuum of Care is a range of services for blind rehabilitation and low vision across the country. The program was developed to provide services to Veterans with vision problems to facilitate adjustment. Each VA site provides some level of Low Vision Services. The VISOR Program provides most levels of care to low vision and legally blind Veterans who are seen in the New Jersey Health Care System. The VA Blind Center Program at West Haven VA provides a 4-6 week training experience to legally blind Veterans.

- **What are the components of the VISOR program?**

The VISOR Program is made up of three integrated parts.

The outpatient clinic enables low vision Veterans to be evaluated and provided training services and equipment to help them improve adjustment to vision loss. Veterans are assessed by a Blind Rehabilitation Specialist as well as a low vision optometrist.

The VISOR Hoptel is a 10 day training program for up to 6 low vision Veterans who need skill training in Orientation and Mobility, Low Vision, Living Skills and Computer Access Technology, as well as adjustment counseling. It is set up for Veterans who are able to attend to their personal care (including medication administration) needs overnight in a hotel setting within the VISOR program. There are 10 scheduled hoptel sessions per calendar year.

The VISOR Home Care Program will be available to provide skill area evaluation, home safety evaluation and skill training to Veterans who are unable to come to clinic or have specialized needs that require intervention at home.

- **What is the VISOR Hoptel Program?**

The Hoptel program is a 10 day intensive independence training program for low vision and legally blind Veterans who need intensive training in 2 or more skill areas. It is set up for Veterans who are able to attend to their personal care (including medication administration) needs overnight in a hotel setting within the VISOR program. Veterans stay for 10 days and work on skills to help them adjust to vision loss.

Once someone is approved for the Hoptel program, they work with the Blind Rehabilitation Specialists to develop treatment goals in each skill area including computer access technology, low vision and low vision therapy, orientation and mobility, vision rehabilitation therapy and social work. Midway through the program each Veteran will participate in a treatment review with

the team to evaluate progress and identify other needs. At the end of the program each Veteran meets with Blind Rehabilitation Specialists to review their progress, and plan referrals for any additional adjustment needs.

- **What is Low Vision?**

Low Vision is when a person has a problem doing visual tasks based on changes in vision or not being able to function at the measured level of visual acuity.

- **What professionals will be providing the BR services?**

The VISOR Team is made up of a Low Vision Optometrist, Blind Rehabilitation Specialists in Low Vision, Orientation and Mobility, Living Skills, Computer Access Technology, and a Licensed Social Worker.

- **Who is eligible for services?**

Low Vision and Legally Blind Veterans who are eligible for VA Health Care are eligible for VISOR Services. If you are not yet registered in the VA New Jersey Health Care System, VISOR can help you to apply for registration and services.

- **Is similar Blind Rehabilitation services available for non-Veterans?**

The New Jersey Commission for the Blind and Visually Impaired provides services to residents of New Jersey in both home training and residential programs. The CBVI and VA are working on a Memorandum of Understanding to collaborate on the provision of comprehensive services to visually impaired Veterans in New Jersey

- **What are prosthetics devices for the visually impaired?**

Prosthetics can be any equipment that will assist a visually impaired person to perform a task that has become hard to do because of vision loss. Talking watches, signature cards, reading guides, talking calculators are examples of devices which help a visually impaired person function. Equipment is designed to be used in conjunction with training in different skills areas.

- **How are treatment goals developed?**

Your skill area instructor(s) will evaluate your needs. The instructor will work with you to set up goals to work on based on your needs and interests.

You may have goals in several different skill areas. A VISOR treatment plan will be developed with the VISOR team, you and your significant others. This plan will be reviewed from time to time to make sure that your goals are being addressed.

- **When are the VISOR treatment services over?**

Your Blind Rehabilitation Specialist and team will discuss your progress towards your goals. If the goals change, or you have met your goals, or if you need more services than VISOR can provide then services will stop. Depending on your goals, you can be referred to the Blind Rehabilitation Outpatient Specialist, the Visual Impairment Services team Coordinator, VA Continuum of Care Services or community based agencies. If your situation changes and you need more services, you can contact VISOR to get evaluated for more training services.

- **How do I get access to my medical records?**

You can contact the Release of Medical Information Section at either campus of the VA New Jersey Health Care System to get the VA documents you need.

- **Am I eligible for high-tech devices, such as CCTVs, portable CCTVs, adaptive equipment for computer use, and the KNFB reader?**

Veterans are evaluated in VISOR to determine the type of equipment and training that will enable a Veteran to perform daily tasks in the least restrictive way possible. Veterans who are determined to need high-tech adaptive devices will be provided evaluation and training on devices and will be issued appropriate equipment.

- **Protection from Abuse:**

If you feel that you are the victim of physical, emotional, sexual or financial abuse of any kind, please ask to speak with the VISOR social worker about this situation.

- **How can I find out more about VISOR or get referred for services?**

If you are a Veteran in New Jersey who wants to know more about VISOR, please call 908-647-0180, Extension 4437. If you live in New York State, please call your nearest VA Medical Center or clinic for information about the continuum of care low vision program in your area.

If you would like to have someone from the VISOR Program talk with your service organization about available services, please contact Bill Kallenberg at 908-647-0180, Extension 4347.

VETERANS' RIGHTS

In The Visual Impairment Services Outpatient Rehabilitation (VISOR) Program

As a Veteran participating in the VISOR Program, you have the following rights:

To be treated with dignity, compassion, courtesy, respect and empathy.

To have your right to self-determination held in the highest regard.

To be provided with information about your visual impairment, treatment and services in lay terms that you can understand.

To participate in all aspects of your rehabilitation program that affects your care, including treatment planning.

To have your treatment plan reviewed with you in a way that you and your family understand.

To agree to or refuse treatment recommended by the VISOR team.

To have your privacy respected and to have your personal and confidential information protected.

To be told about any research or survey that is being conducted regarding the provision of blind rehabilitation and to choose whether or not to participate in any research project.

COMPLIMENTS OR COMPLAINTS

To complain if you feel your rights have been denied or to discontinue rehabilitation at any time that you wish.

To use available options to state your concerns or complaints in the procedure as follows:

Discuss your concerns with a VISOR team member.

Issues that cannot be resolved to your satisfaction may be referred to Bill Kallenberg, Chief VISOR Program at 908-647-0180 extension 4347; Janis White, Chief of Optometry at 973-676-1000 extension 2717; or you may contact Patient Representative: Lyons Campus Patricia Lauria at 908-647-0180 extension 4762 or at East Orange Campus Kecia Anderson-James at 973-676-1000 extension 3399.

Additional resources include:

**Division of Accreditation Operations
Office of quality Monitoring
Joint Commission
One Renaissance Blvd
Oakbrook Terrace, IL 60181
Phone: 1-800-994-6610
Fax: 1-630-793-5636
E-mail: www.jointcommission.org**

**Office of the Inspector General
HOTLINE
P.O. Box 9778
Arlington, VA 22219
800-409-9926
E-mail: oighotline@state.gov**

VETERANS' RESPONSIBILITIES

As a Veteran participating in the VISOR Program, you have the responsibility to:

Treat all members of the VISOR Team with courtesy and respect.

Treat other Veterans participating in VISOR programs with whom you come into contact with courtesy and respect.

Inform the VISOR team when you are unable to keep appointments, including home care appointments, so that the time may be used for another Veteran.

Ask questions about any part of your care, especially that which you may not understand.

Cooperate with the treatment staff by providing, to the best of your ability, accurate and complete information about your health, illnesses, functional and other adjustment issues related to vision loss.

Tell the VISOR team about changes in your eye condition.

Tell the VISOR team about changes in your medical condition that may affect your rehabilitation.

Follow the instructions of the VISOR team regarding use and care of prosthetic equipment issued to you.

Let the VISOR team know if you are having difficulties following training instructions or with any prosthetic equipment.

Maintain yourself in a safe environment and follow basic safety guidelines.

Correct, to the extent possible, safety hazards in your environment.

GOALS AND OBJECTIVES

The goal of the VISOR team is to improve the quality of life, through rehabilitation, for all veterans with a visual impairment as well as that of their families.

Through rehabilitation we will ensure that each veteran can reach his/her maximum health potential through learning to function as independently as possible within his/her own home or community.

Objectives include:

- **Assessing each veteran's needs and providing a treatment plan that will meet the unique needs of each veteran**
- **Providing the right care, at the right time, in the right place, whether it be the clinic, home or community**
- **Obtaining firsthand information about the veteran's home and community to aid in providing the right care**
- **Observing the home environment and making recommendations for improvement related to safety and the effective use of remaining vision**
- **Ensuring those skills taught in the VISOR clinical setting transfer effectively to the home or community**

ELIGIBILITY

Any veteran who is experiencing difficulty with activities of daily living due to a visual impairment may receive services through the VISOR Program. The type, frequency, and place of service are determined through the treatment planning process.

TREATMENT PLANNING

Each veteran with a visual impairment is eligible for VISOR services on an ongoing basis over the course of a lifetime. Treatment planning is a dynamic process that begins with each new need related to changes in functioning and severity of sight loss. After a careful assessment using input from the veteran and/or family, and other pertinent professional staff such as an optometrist or ophthalmologist, a plan of care is determined and recorded in the medical record.

The VISOR team recognizes each veteran's right to self-determination and considers that when developing goals for rehabilitation. The veteran and family are important members of the treatment team. Ongoing communication between the two is essential.

SERVICES PROVIDED

The following services may be provided in **the clinic, hoptel and or home and/or community** at the discretion of the VISOR Team when agreed to by the veteran and family:

- **VISUAL SKILLS, INDEPENDENT LIVING SKILLS AND SAFE TRAVEL TECHNIQUES AND STRATEGIES**

These services can be provided to a veteran who is visually impaired in the clinic, in the home and community or through the VISOR HOPTTEL Program. The type of service provided is determined following an assessment completed by blind rehabilitation specialists. The place where the training will take place is determined through the treatment planning process.

- **MODIFICATIONS OF THE HOME ENVIRONMENT**

Issues related to safety, often pertaining to lighting and the use of color and contrast can be made by any member of the VISOR team. This service often occurs during an initial home visit.

- **AFTERCARE**

It is important that skills learned in the clinic setting transfer effectively to the home or community environment. Determining if a home visit is appropriate is part of the treatment planning process.

A veteran shall be referred to an agency that serves people who are visually impaired for follow up care if he/she is enrolled at a VA Medical Center other than Lyons, and distance from this medical center makes it impractical for a member of the VISOR team to provide aftercare.

FREQUENCY OF SERVICES

The frequency of visits during the rehabilitation process depends upon the complexity of care and the speed at which each veteran is able to master certain skills. Some skills take a few minutes to a few hours to learn. Others skills may need to be learned over a period of several days or weeks and are part of a curriculum designed to ensure that a veteran learn to use an adaptive or optical device to his/her full potential. The VISOR team member that is providing care will advise the veteran and family of what to expect and will keep them informed of the progress being made in achieving each goal.

Care will end when the veteran reaches his goal, if he and/or his family determine that they no longer desire the service, or it is determined that the goal cannot be achieved.

PROGRAM COSTS

The VISOR Program is free to all eligible veterans.

REFERRALS TO OTHER PROGRAMS

A referral to another program that can better meet the needs of each veteran with visual impairment may take place when the VISOR team, veteran and family agree that this is the best plan of action. This may include a referral to a VA inpatient program such as the Eastern Blind Rehabilitation Program in West Haven, CT, the Computer Access Program in West Haven, CT, or a state or local agency. A written release of information to make a referral to a program other than a VA program will be required to ensure confidentiality.

OPTICAL DEVICES AND OTHER ADAPTIVE EQUIPMENT

All equipment issued to you, through the VISOR Program, is provided by Prosthetics Services and is free of charge.

Optical devices issued through the VISOR Program are provided in conjunction with an assessment by a VA optometrist.

Optical devices will be issued when the blind rehabilitation specialist providing training with the device determines that sufficient training has occurred. This decision is made through ongoing assessment and issued when it is determined that the device can be used efficiently and effectively for the purposes for which it is intended.

If you have questions or a problem with any device or equipment issued by the VISOR team, contact the team member who provided the training with that item. VISOR Team telephone numbers are listed on the back cover of this program guide.

CANCELLING AN APPOINTMENT

The VISOR Team will make every attempt to keep all scheduled appointments with you.

Safety, yours and ours, is of utmost importance at the Lyons VA Medical Center. When a member of the VISOR team has an appointment with you, he/she will keep abreast of weather conditions, both locally and in your area. In the event of adverse weather, it may be necessary to cancel a home visit and reschedule at another time. If this should become necessary, a member of the VISOR team will contact you by telephone to cancel and reschedule the appointment.

We may also need to reschedule your appointment if the VISOR Team member with whom you are scheduled is ill or has an infection that may be contagious. Likewise, if either you or a member of your household has a similar situation, we would like to be advised. Although we are not always available by telephone, we do have voice mail and would appreciate you letting us know that you cannot keep your appointment for whatever reason. We will contact you by telephone to reschedule as quickly as possible.

Please refer to the back cover of this program guide for telephone numbers and extensions.

What to expect during the Home Visits

- 1. Staff will identify themselves by name and where they are from before entering the home.**
- 2. Staff will confirm your identity by verifying your name, date of birth, and/or social security number.**
- 3. Staff will ask about your pain level today: Are you in pain? Rate your pain on a scale from 0 (no pain) to 10 (extreme pain). Is your pain new? If yes, would you like to discuss the issue with your PCP? If no, is your pain managed by someone/something?**
- 4. Staff will observe proper hand hygiene and may ask you to do the same (i.e. wash hands or use hand sanitizer).**
- 5. On first visit, staff will go over handbook in depth and answer any questions.**
- 6. On subsequent visits, staff will work on the treatment goals established in the specific skill area (i.e. Living skills specialist, Low vision specialist, Computer specialist, or Orientation & mobility specialist)**

LOCATION OF VISOR PROGRAM

VAMC, Lyons

The VISOR clinic is located on the Lyons Campus, Circle 1, building 7, first floor.

The VISOR staff is also at East Orange on Monday's and Thursday's in the main building, 10th floor, Room 180 and/or 178B.

IMPORTANT TELEPHONE NUMBERS

VA Medical Center, Lyons, NJ

Commercial	(908) 647-0180
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VISOR Team

Kallenberg, William (Bill)	extension 4347
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English, Veronica	extension 4331
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White, Janis	extension 2717
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Gully, Roger	extension 1842
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Feigelis, Jill	extension 1937
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Brandel, Ruth	extension 4437
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Humbertson, Angela	extension 4291
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Oplinger, Kristen	extension 4867
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Bryant, Michael	extension 4821
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<u>Optometry</u>	extension 4512
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VISION REHABILITATION SERVICES

What are Vision Rehabilitation Services?

The term "vision rehabilitation" includes a wide range of professional services that can restore functioning after vision loss, just as physical therapy restores function after a stroke or other injury.

Vision rehabilitation services allow people who are blind or have low vision to continue to live independently and maintain quality of life. Although your eye doctor is the professional you'll likely turn to first when dealing with your own — or a family member's — vision loss, it's important to note that many different kinds of vision rehabilitation services are available in addition to the eye care provided by your family doctor, ophthalmologist, or optometrist:

Communication skills: reading and writing, braille, and assistive computer technology; **Counseling** to help you, your spouse, family members, and friends adjust to your vision loss

Independent living and personal management skills: home management, home modifications, home mechanics and repair, personal self-care, financial management, leisure activities, and using the telephone; **Independent movement and travel skills:** orienting yourself in indoor and outdoor environments, moving about safely indoors, using transportation, and traveling safely outdoors with a long white cane or other device; **Low vision evaluations and training with low vision devices:** hand-held magnifiers, special reading glasses, telescopes, high intensity lamps, and other optical and non-optical devices that can make the best use of remaining vision

Support groups that provide you with the opportunity to meet other adults who are blind or have low vision; **Vocational rehabilitation:** vocational evaluation and training, job training, job modification and restructuring, and job placement.

Who provides vision rehabilitation services?

Vision rehabilitation services for adults who are blind or have low vision are provided by a team of specially trained professionals, including low vision therapists, vision rehabilitation therapists, and orientation and mobility specialists:

Low Vision Therapists

Certified Low Vision Therapists (CLVTs) instruct individuals in the use of residual vision with optical devices, non-optical devices, and assistive technology, and help determine the need for environmental modifications in the home, workplace, or school.

Vision Rehabilitation Therapists

Certified Vision Rehabilitation Therapists (CVRTs) teach adaptive independent living skills, enabling adults who are blind or have low vision to confidently carry out a range of daily activities.

Orientation and Mobility Specialists

Certified Orientation and Mobility Specialists (COMS or O&Ms) teach the skills and concepts that people who are blind or have low vision need in order to travel independently and safely in the home and in the community.

They teach safe and independent indoor and outdoor travel skills, including the use of a long cane, electronic travel devices, public transportation, and sighted guide, human guide, and pre-cane skills.

Who certifies vision rehabilitation professionals?

The Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) offers certification for Low Vision Therapists, Vision Rehabilitation Therapists, and Orientation and Mobility Specialists. ACVREP also provides a searchable database you can use to check the certification credentials of your service providers.

Please note, however, that the ACVREP database will only return the names and locations (by state) of individuals who are already certified by ACVREP. It will not help you locate additional non-certified service providers in your state. You can locate additional vision rehabilitation professionals and services at Find Services.

Is there a membership organization for vision rehabilitation professionals?

The Association for Education and Rehabilitation of the Blind and Visually Impaired (AERBVI) is an international membership organization for vision rehabilitation professionals. AERBVI provides continuing education, publications, and regional, national, and international conferences for its 4,000+ members.

Do I have to attend a school or center, or can a vision rehabilitation professional come to my home?

That depends upon the agency that provides your vision rehabilitation services and the type and length of training you require:

Some agencies employ vision rehabilitation professionals who work with you in your home and develop a training program that best meets your individual needs.

Other agencies provide vision rehabilitation training in agency-based settings that you attend on a daily basis.

Some specialized residential rehabilitation centers require long-term (one month or longer) stays.

Is there a waiting list for vision rehabilitation services?

That also depends upon the agency that provides your vision rehabilitation services, as well as the type and length of training you request. Be sure to ask about waiting lists when you inquire about the agency's services.

Can I learn on my own without going to an agency?

There are several self-help and self-study options that can help you learn more about vision rehabilitation:

CIL Publications and Audiobooks offers self-study audiotapes and audiobooks for people who are blind or have low vision. Subjects include indoor mobility, personal management, and sensory development.

E.A.R.S. for EYES Program provides free self-study audiotapes that teach adaptive daily living skills to adults who are blind or have low

vision. Subject areas include kitchen techniques, eating skills, indoor mobility, and personal grooming.

The Hadley School for the Blind offers distance education courses for eligible students free of charge. Study areas include high school courses, GED preparation, braille and communication skills, independent living, recreation and leisure, and assistive technology.

The VisionAWARE Bookstore contains descriptions of, and links to, publications specific to blindness and low vision, including biographies and autobiographies of people who have successfully coped with vision loss.

The VisionAWARE "My Story" series provides real-life interviews with men and women who are blind or have low vision.

How and Where to Find Vision Rehabilitation Services:

Your State Rehabilitation Agency or an online searchable database can help you locate vision rehabilitation agencies in your area and find the type of services that are right for you.

**VETERANS ADMINISTRATION—VISOR PROGRAM AT LYONS, NJ--
908-647-0180**

NJ COMMISSION FOR THE BLIND--877-685-8878

COMMUNITY RESOURCES

REHABILITATION SERVICES

- New Jersey Commission for the Blind and Visually Impaired
153 Halsey Street, 6th Floor
Newark, NJ 07101
(973) 648-2324
www.state.nj.us/humanservices/cbvi/
This State agency administers the federal-state vocational rehab program.

LIBRARY SERVICES

- The NJ State Library Talking Book & Braille Center (TBBC)
Street Address: 2300 Stuyvesant Avenue
Mailing Address: PO Box 501 Trenton, NJ 08625-0501
Toll-Free: 1-800-792-8322
TTY: 1-877-882-5593
Administration Fax: 609-406-7181
Email: njlbg@njstatelib.org
Website: njstlbbc.org
This state agency administers the Talking Book service from the Library of Congress.

AGING SERVICE

- New Jersey Department of Health and Senior Services: Aging and Community Services
P.O. Box 807
Trenton, NJ 08625
Tel: (800) 792-8820 (Information & Referral In-State)
(609) 292-3766
(609) 588-3601 (fax)
E-mail www.state.nj.us/health/senior/index.shtml

This agency provides referrals to Area Agencies on Aging and information on other local aging services.

SAFETY FIRST

Whether the VISOR Team provides care for you in the clinic, home, community or VISOR HOPTEL, your safety is important to us. If you have any concerns about your safety, and particularly if it is related to your vision, please contact a member of the VISOR Team. We will help you develop strategies to improve your safety.

The following tips will help you remain safe in your home:

In the Kitchen

- Store flammable and combustible items away from the range and oven.
- Remove towels hanging on oven handles. If towels hang close to a burner, change the location of the towel rack.
- If necessary, shorten or remove curtains which could brush against heat sources.
- Open curtains and blinds for additional lighting, unless this causes too much glare.
- Use maximum wattage bulb allowed by fixture. (If you do not know the correct wattage, use a bulb no larger than 60 watts).
- Reduce glare by using frosted bulbs, indirect lighting, shades or globes on light fixtures, or partially closing the blinds or curtains.
- Install additional light fixtures, e.g. under cabinet/over countertop lighting.
- Never wear loose clothing during cooking.
- Turn pot handles toward the back of the stove during cooking.
- Turn on the stove burner AFTER the pot has been placed on the stovetop.
- Do not store heavy items on high shelves.
- Select a fire extinguisher that can be operated independently.

In the Bathroom

- Use color contrast of towels, washcloths and rugs for easy location of fixtures.

- Use non-skid mats or textured strips/appliqués in the bathtub and shower.
- Do not use towel racks for grab bars. Instead, attach grab bars, through the tile, to structural supports in the wall, or install bars specifically designed to attach to the sides of the bathtub. If you are not sure how it is done, talk to your primary care physician for assistance.
- Never use electrical appliances, such as hair dryers, shavers, curling irons or radios near water in sink or tub.
- Unplug appliances when not in use.

Throughout the house

- Remove all small rugs and runners
- Apply double-faced adhesive carpet tape or rubber matting to the backs of rugs and runners
- Purchase rugs with slip-resistant backing
- Check rugs and mats periodically to see if backing needs to be replaced
- High traffic areas such as hallways, stairs and passageways between rooms should be well lighted and free of obstructions such as furniture and boxes
- Have a telephone within reach at all times, including near the bed.
- Write the numbers in large print and tape them to the phone, or place them near the phone where they can be seen easily
- Post emergency numbers on or near each telephone:
 - A. Fire Department ...DIAL 911
 - B. EMS (Emergency Medical Services) DIAL 911
 - C. Utility Company for service
 - D. VA Medical Center (908) 647-0180
 - E. Poison Control Center in NJ: 1-800-222-1222
- Mark all medicines clearly and store in original containers
- Store medications in a humidity-free environment and keep out of the reach of children
- Dispose of outdated medicines properly.
- Request non-child resistant closures from your Pharmacist only when you cannot use child-resistant closures.

- Clean up floor spills immediately to prevent slipping
- Use flameproof/flame retardant linens and clothing when possible
- Replace existing light switches with “glow switches” if you are having difficulty finding light switches at night.
- Install night lights if needed.
- Rearrange furniture closer to switches or move lamps closer to beds.

Electrical Safety

- Do not use extension cords for household electrical appliances
- Make sure electrical service cords are not frayed or cracked
- Electrical equipment should be properly grounded and connected directly to wall outlets
- If you are medically dependent on an electrical device, notify your power company
- Most electrically-dependent medical devices have backup systems. Familiarize yourself with their use

In the Basement/Garage

- All work areas should be well lighted
- Make sure lights can be turned on without walking through a dark area
- Gasoline and kerosene should be stored in an approved container and never stored in the house
- Keep things that can burn or explode away from the furnace and water heater

On the stairs

- Stairs should be well lighted with a light switch at the top and bottom of the stairway
- Handrails need to be securely fastened and continuous from the top to the bottom of the stairs
- Edges of steps should be easy to see and can be painted a contrasting color
- Do not store anything on the stairway

- Use the maximum wattage bulb allowed by the light fixture. (If you do not know the correct wattage, use a bulb no larger than 60 watts).
- Reduce glare by using frosted bulbs, indirect lighting, shades or globes on light fixtures, or partially closing blinds and curtains.
- Have a qualified person add additional light fixtures.
- If no other light is available, keep an operating flashlight in a convenient location at the top and bottom of the stairs.
- Install night lights at nearby outlets.
- Considering installing switches at the top and bottom off the stairs.
- Try to avoid wearing only socks or smooth-soled shoes or slippers when using stairs.
- Make certain the carpet is firmly attached to the steps all along the stairs.
- Consider refinishing or replacing worn treads, or replacing worn carpeting.
- Paint outside steps with paint that has a rough texture, or use abrasive strips.
- Mark any steps which are especially narrow or have risers that are higher or lower than the others. Be especially careful of these steps when using the stairs.
- Paint edges of outdoor steps white to see them better at night.
- If you plan to carpet your stairs, avoid deep pile carpeting or patterned or dark colored carpeting that can make it difficult to see the edges of the steps clearly.

Fire safety

- Install a smoke detector on each floor of the house
- Read the instructions that come with the smoke detector for advice on the best place to install it
- Make sure detectors are placed near bedrooms, either on the ceiling or 6-12 inches below the ceiling on the wall
- Locate smoke detectors away from air ducts
- Check smoke detectors regularly twice a year to be sure that they are working properly and replace if not working
- Vacuum the frillwork of your smoke detector

- **Keep small heaters where they cannot be tipped over and keep them away from flammable materials such as curtains or rugs**
- **Do not smoke if oxygen is in use**
- **Don't smoke in bed.**
- **Remove sources of heat or flame from areas around beds.**
- **Purchase only heaters with an automatic "turn off if tipped over" feature**
- **Follow manufacturer's instructions for safe installation, operation and maintenance of space heaters**
- **Have at least one fire extinguisher in your home and know how to use it**
- **Have an emergency exit plan in case of fire or other emergency**

FALL PREVENTION – WHAT YOU NEED TO KNOW

- **"Falls are the leading cause of injury deaths in the Elderly."**
- **"Among people age 75 or older, those who fall are four to five times more likely to be admitted to a long term care facility for a year or longer."**
- **"Of those who fall, 20% to 30% suffer moderate to severe injuries such as hip fractures or head traumas that reduce mobility and independence, and increase the risk of premature death."**

Reference: CDC National Center for Injury Prevention and Control Website
<http://www.cdc.gov/ncipc/factsheets/falls.html>

FALLS – WHY AM I AT INCREASED RISK?

- **Older age**
- **Age related changes which can include slower reaction time, decreased sensory awareness and reduced hearing**

- Vision loss – especially difficulty with glare, depth perception and decreased ability to see at night
- Foot problems, including loss of feeling in feet
- Balance problems

Reference: American Family Physician Web site. Falls in the Elderly.
<http://www.aafp.org/afp/20000401/2159.html>

WHAT CAN I DO TO REDUCE MY RISK OF FALLING?

- Ask your doctor if you have a medical condition or medications which put you at an increased risk for falling.
- Use your assistive walking device as instructed, whether it is a support cane, walker or long mobility cane.
- Modify your home environment, as most falls occur in the home.

DECREASE YOUR RISK OF FALLING!

Did You Know?

Seventy-five percent of all falls occur in the home! With a few changes, you can decrease your risk of falling at home.

The following tips can help keep you safe in your own home:

Tips:

- **Lighting:** Make sure that you have good, bright lighting in your home. Use night-lights in your bedroom, hall and bathroom.
- **Rugs:** Make sure rugs are firmly fastened to the floor or use nonskid backing. Tack down loose ends.
- **Electrical cords:** Move electrical cords so that they are not lying on the floor in walking areas.
- **Stairs/stairwells:** Always use the handrail for support. Be sure the stairs are well lit.
- **Kitchen:** Store items within easy reach. Avoid using stepstools or stepladders.
- **Foot wear:** Wear shoes with firm non-skin, non-friction soles. Avoid wearing loose-fitting slippers.

Reference: The Merck Institute of Aging and Health <http://www.miahonline.org/tools/falls/>

IF A FALL OCCURS

If you fall, you should:

1. Stay calm
2. Don't try to get up if you think you hurt your back or legs
3. Try to get up only if you are not in pain or hurt

If you are having trouble getting up, try this method:

1. Roll over onto your stomach.
2. Once on your stomach, push yourself up onto your hands and knees.

3. **Crawl to the nearest chair or sofa that has a backrest. Do not use a bench, a chair with wheels, or a stool. Approach the seat like you were going to sit on it from the front.**
4. **Place your hands on the seat of the chair and keep some of your weight on your hands.**
5. **Bend the stronger knee and place that foot flat on the floor.**
6. **Keep your other knee on the floor.**
7. **Push up with your foot.**
8. **Steady yourself with your hands and turn around to sit on the chair.**

*****Call your family or your doctor and tell them that you fell.**

AFTER THE FALL: A GUIDE FOR PATIENTS AND FAMILIES

- Any fall needs medical evaluation – urgent attention if there is injury or at least a routine evaluation to find the cause and prevent the next fall.
- If there is an obvious injury, the person should obtain medical assistance immediately and notify the primary care provider.
- Even without obvious injury, if there is a significant blow to the head or any loss of consciousness, the person needs immediate medical attention.
- Even if there is no injury, falling could be related to other medical conditions and should be reported to the doctor or primary care provider.

Disclaimer: This information is not intended as a substitute for professional care. Your physician should be consulted for personal information.

Reference: <http://www.miaahonline.org/tools/falls>

INFECTION CONTROL

- **Cover your mouth if you cough or sneeze. The flu bug is spread 3 feet into the air with coughs and sneezes.**
- **Use disposable tissues and throw them away. Cloth handkerchiefs collect the bug and help to spread it.**
- **Wash hands or use alcohol hand rubs frequently, and always after you blow your nose, cough or sneeze.**
- **When washing your hands, rub vigorously for at least 15 seconds (about the length of time it takes to sing “Happy Birthday.”)**
- **Avoid touching your eyes, nose, and mouth. If you do, wash your hands.**
- **If you are coughing and sneezing, you should wear a mask to protect those around you, or stay home to avoid making others sick.**
- **Shared equipment, such as telephones, does a great job of spreading germs. Use alcohol wipes to kill germs.**

EMERGENCY PREPAREDNESS

Emergency Information:

The most common method of emergency notification is through broadcasts via emergency radio and TV broadcasts.

You may also hear a special siren, or get a telephone call, or emergency workers may go door-to-door.

Deciding to Stay or Go

This is the first important decision you will have to make. Some things to consider:

- Be sure you understand and plan for both possibilities
- Use common sense and available information to determine if there is immediate danger
- Monitor TV or radio reports for information or official instructions
- If specifically told to evacuate or seek medical treatment, do so immediately

Make a Plan!

Your family may not be together when disaster strikes, so it is important to plan in advance:

- How you will contact one another
- How you will get back together
- What you will do in different situations

Family Communications Plan:

- 1. Use an out-of-town contact for telephone calls**
 - it may be easier to make long-distance calls than local calls
 - they may be in a better position to communicate among separated family members
- 2. Know the Emergency Contact's Phone Number**
 - be sure every family member knows the phone number
 - every family member should have coins
 - every family member should have a pre-paid phone card
- 3. Be Patient!**
 - you may have difficulty getting through
 - the phone system may be down
 - keep trying to make contact
- 4. Practice the plan from time to time to make sure everyone is capable of escape quickly and safely.**

EMERGENCIES: BEING PREPARED

Emergency Supply Kit:

- food and water**
- battery-powered or hand crank radio
- NOAA Weather Radio
- extra batteries
- flashlight & batteries
- whistle to signal for help
- dust mask to help filter contaminated air
- plastic sheeting and duct tape to shelter-in-place
- moist towelettes, garbage bags and plastic ties for
- personal sanitation
- wrench or pliers to turn off utilities
- can opener
- local maps
- prescription medications and eyeglasses
- first aid kit*
- copies of important documents (insurance policies, bank account records) in portable, waterproof container
- sleeping bag or warm blankets per person
- change of clothing per person

***First aid kit:**

- sterile gloves (2 pair)
- sterile dressings
- cleansing agent
- antibiotic ointment
- burn ointment
- thermometer
- prescription medications taken regularly
- eye wash solution
- aspirin or non-aspirin pain reliever
- anti-diarrhea medication

****Food and Water: Plan for 3 Days**

- Have one gallon of water per person per day, for drinking and sanitation
- Store water tightly in clean plastic container
- Sick people and children may need more water
- Have *at least* a three-day supply of non-perishable food for each person
- Select foods that require no refrigeration, preparation or cooking and little or no water
- Pack a manual can opener and eating utensils
- Choose foods your family will eat

Additional Items

- You may wish to also have these items on hand in case of an emergency:
 - ✓ cell phone
 - ✓ matches in a waterproof container
 - ✓ mess kits, paper cups, paper towels
 - ✓ paper and pencil, marker
 - ✓ books, games, puzzles or other activities
 - ✓ household chlorine bleach and medicine dropper (as a disinfectant when diluted 9 parts water to 1 part bleach, or to treat water using 16 drops of bleach per gallon of water). Do not use scented, color safe or bleaches with added cleaners!
 - ✓ list of doctors, relatives or friends who should be notified if you are hurt

WEATHER EMERGENCIES

Floods

- be prepared for flooding no matter where you live, but particularly if you are in a low-lying area, near water or downstream from a dam.
- stay out of flood waters, if possible; the water may be electrically charged or contaminated
- stay away from downed power lines
- if you are trapped in your vehicle in rising water, get out immediately and seek higher ground

"Flood watch" or "Flash Flood Watch":

There is a **possibility of flooding** in your area

- Be prepared to evacuate
- If time allows, move valuables to higher places in your home
- Unplug electrical appliances, moving them to higher levels, if possible
- Do **NOT** touch an electrical appliance if you are wet or standing in water!!
- If you have a car, fill the gas tank in case you have to evacuate

"Flood Warning":

A flood is occurring or will likely occur soon. If you are advised to evacuate do so immediately.

"Flash Flood Warning":

A flash flood is occurring. Seek higher ground immediately: do not wait for instructions.

Heat Waves

- a heat wave is an extended period of extreme heat, and is often accompanied by high humidity
- these conditions can be dangerous and even life-threatening

Take Precautions:

- prepare for a heat wave by checking that your home's cooling system is working properly
- make sure your home is well insulated to keep cool air inside (and hot air outside)
- plan on being inside a cool building (the mall, senior center, etc.) during the hottest time of the day
- avoid strenuous outdoor activities
- stay hydrated by drinking water and avoiding alcoholic beverages
- eat light, well-balanced meals
- dress in light, loose-fitting clothing

Thunderstorms and Lightning

- all thunderstorms produce lightning and have the potential for danger
- lightning often strikes outside of heavy rain
- lightning may occur as far as 10 miles away from rainfall

"Thunderstorm Watch"

There is a possibility of a thunderstorm in your area:

- postpone outdoor activities
- secure outside objects that could cause damage or blow away
- avoid showering or bathing during a thunderstorm
- go inside

"Thunderstorm Warning":

A thunderstorm is occurring or will likely occur soon. If you are advised to take shelter, do so immediately.

Tornadoes

- they can appear suddenly without warning and can be invisible until a funnel cloud appears
- planning and practicing how and where you take shelter is a matter of survival
- they can occur in any state at any time of the year

"Tornado Watch":

A tornado is possible in your area

- you should monitor NOAA or local broadcasts for the latest developments

"Tornado Warning":

A tornado is actually occurring; take shelter immediately

Take Shelter:

- storm cellars or basements provide the best protection
- if underground shelter is not available, go to a small interior room or hallway on the lowest floor possible
- stay away from windows, doors and outside walls
- go to the center of the room; stay away from corners as they attract debris
- a vehicle, trailer or mobile home does not provide good protection

Winter Storms and Extreme Cold

- the primary concern is the winter weather's ability to knock out heat, power and communication services, sometimes for days at a time
- be prepared for winter weather

"Winter Weather Advisory":

Cold, ice and snow are expected

"Winter Storm Watch":

Severe weather such as heavy snow or ice is possible in the next day or two

"Winter Storm Warning":

Severe winter conditions have begun or will begin very soon

"Blizzard Warning":

Heavy snow and strong winds will produce blinding snow, near zero visibility, deep drifts and life- threatening wind chill

Prepare for Winter Weather

- make sure your home is well insulated
- plan to stay inside and make it on your own, at least for a period of time
- if you have a wood burning fire place, consider storing wood to burn if your heat gets knocked out
- stay informed of winter weather watches and warnings
- keep in mind that during severe winter storms it could be hours, or even days before emergency personnel are able to reach you

OTHER POSSIBLE EMERGENCIES

Explosions

If there is an explosion:

- take shelter under a desk or sturdy table
- exit the building ASAP
- do not use elevators
- check for fire and other hazards
- take your emergency supply kit if time allows

If you are trapped in debris:

- if possible, use a flashlight to signal your location to rescuers

- avoid any unnecessary movement so you don't kick up dust
- cover your nose and mouth with your shirt to breathe
- tap on a pipe or wall so rescuers can hear where you are
- if possible, use a whistle to signal rescuers
- shout only as a last resort, in can cause you to inhale dangerous amounts of dust

Radiation Threat

- could come from an accidental radiation release nearby or from a "dirty bomb" attack
- as with any radiation, you want to try and limit exposure
- the presence of radiation will not be clearly defined until trained personnel with equipment are on the scene
- stay informed as information becomes available

To limit the amount of radiation you are exposed to:

- **Shielding:** if you have a thick shield between yourself and the radioactive materials, more of the radiation will be absorbed, and you will be exposed to less
- **Distance:** The farther away you are away from the blast and the fallout the lower your exposure
- **Time:** Minimizing time spent exposed will also reduce your risk

For any and all emergencies, it is important to:

- 1. Use common sense**
- 2. Stay informed**
- 3. Obey officials and local authorities**
- 4. Be as safe as possible**

Reference: <http://www.ready.gov>
(all emergency preparedness information)

ADVANCE DIRECTIVES

- **What is an advance directive?**

An advance directive is a document which states your choice about the kind of medical treatment you want in a life-threatening situation. The Department of Veterans Affairs affirms your right to make decisions regarding your medical care, including the discontinuing of treatment permitted by law. The most common advance directives are the living will and durable power of attorney for health care decisions.

- **How can I make an advance directive?**

Whenever a person is admitted to a healthcare facility, including a VA Medical Center, they are provided with an opportunity to make an advance directive. It is possible to do this as an outpatient as well.

Perhaps you already have an advance directive documented in your medical record. If you do not and wish to do so, and you are assigned to primary care team at a VA Medical Center, contact the primary care team social worker. If you need more information about advance directives, please ask a member of the VISOR Team for help.

- **Where should I keep my advance directive?**

In the home, keep this document somewhere safe but convenient so that it can be obtained quickly in an emergency. If you have a surrogate power of attorney for healthcare, that person should have a copy of the document.

A copy of your advance directive should also be placed in your medical record. If your advance directive was prepared through the Lyons VA Medical Center, a copy of this document is already in your medical record. If you had this document prepared elsewhere, you should provide a copy to the Lyons VA Medical Center when you begin to receive treatment here. This will ensure that your wishes are known.

ETIQUETTE for the VISUALLY IMPAIRED and BLIND

The Veteran and his/her family should become aware of and sensitive to the needs of blind and visually impaired individuals. Learning methods of sensitivity to the visual impairment of a person will enhance the understanding of techniques that may be used to aid the visually impaired person.

- A person should announce themselves when in the presence of a visually impaired person and when they leave.
- Address the visually impaired person by name when possible
- Speak directly to the visually impaired person using a soothing, natural voice as you would to anyone else, visually impaired people are not hearing impaired.
- It is acceptable to ask “may I help you” or “may I be of assistance in some way,” or do they need to be guided to a location.
- When offering assistance, never take a visually impaired person by the arm, offer your arm instead (See Human Guide).

- Feel free to use words that refer to vision.
“See, Look, Watch,” etc.
- Do not leave a visually impaired person in “free space” when serving as a guide; guide to a wall, door, or a solid object.

A great resource is to see the video “What Do You Do When You Meet A Blind Person?” available to see at VISOR.

Human Guide Technique

These Human Guide Technique pages are compliments of The Maryland School for the Blind and the Greater Baltimore Medical Center, and are used by permission.

Human Guide technique refers to a method by which a visually impaired person and a sighted person can walk together safely and-comfortably. Specific techniques and movements are prescribed to allow the pair to negotiate a variety of travel situations safely, comfortably, and efficiently.

The person who is visually impaired may be someone with partial sight or no sight. Many people who have reduced vision can move independently for the majority of the time but may need assistance in dark or unfamiliar areas.

Human Guide technique requires a minimal amount of practice to master; however, it does require some time and effort. Once you are at ease with the technique you will be able to negotiate most areas without interrupting your conversation and without unnecessary verbal directions. The experienced follower will be able

to teach a novice guide quickly and the experienced guide will be able to guide most visually impaired people with comfort.

NOTE: Throughout these instructions the sighted person will be referred to as the **guide** and the visually impaired person will be referred to as the **follower**.

Contact and Grasp

Guide: Touch the follower's elbow, forearm or hand with the back of your hand.

Follower: Grasp the guide's arm above the elbow with your fingers on the inside of the arm, near the guide's body and your thumb on the outside, near you. Use a firm grasp, but do not use excessive pressure.

Alternate Grasps

When the follower is:

A. a child:

Follower: grasp the guide's wrist.

B. in need of physical support:

Guide: bend your arm at the elbow.

C. much taller than the guide:

Follower: rest your hand on the guide's shoulder.

Human Guide Technique (continued)

Stance

Guide: Stand with your arm relaxed at your side or bent at the elbow.

Follower: Your arm should be bent at the elbow, placing you one half step behind the guide. Keeping the elbow bent for long periods of time can be uncomfortable for the guide. Experienced guides and followers can often travel just as well with the guide's hand dropped to a vertical position.

Note: Walk at a pace that is comfortable for both people. The guide should not be “dragging or towing” the follower and the follower should not be pushing the guide.

Narrow Passage

Guide: Continue facing forward, move your arm diagonally across your back.

Follower: Straighten out your arm and move directly behind the guide thus following effectively in single file.

Doors

Guide: Tell the follower if the door needs to be pushed or pulled and whose side the hinges are on. Begin opening the door. Let the follower hold the door if indicated. A simple statement

such as “Your door” will alert the follower as to the need for an appropriate action.

Follower: The follower should be nearest a wall for safety. Always walk to the Right if possible. If the hinges are on your side, maintain your grasp while supporting the door for yourself. If hinges are on the guide’s side, place your free hand above your original grasp as you are beginning to change sides. Brace the door with your (newly) freed hand. When you have passed through the door, reverse this process and assume your original grasp.

Stairs

Guide: Stop just before the stairs. Tell the follower if the stairs go up or down. Allow the follower to use the handrail if possible. Move

your arm forward, bringing the follower to the edge of the stairs. The follower will be beside you. Step onto the first step ahead of the follower. Stop at the end of the stairs. Tell the follower that you are at the end.

Follower: Bring your toes to the edge of the stairs. Start a full step after the guide.

Note: With time and experience, both the guide and the follower will become comfortable with a brief pause instead of full stops and with a minimum of verbal directions. A simple statement such as, “Stairs up” or “Stairs down” will suffice.

Turning around or “about face”

(to turn around in a small space or to avoid confusing the follower)

Guide: Ask the follower to “about face”. Turn in to face the follower. Offer your other arm. Complete the turn once the follower has grasped your arm.

Follower: Face the guide. Contact the guide’s other arm. Release your original grasp. Assume the normal grasp on the new arm.

Changing Sides

(before stairs or to avoid an obstacle)

Guide: Ask the follower to change sides. Bring your arm behind you.

Follower: Grasp the guide’s arm with your free hand above your other hand. Release your original grasp and slide that hand across the guide’s back to the free arm. Bring your second hand across to the guide’s other arm. Assume the normal grasp position.

Sitting

Guide: Position the follower's hand on the back of the seat.

Follower: Bend to the chair, sweep the seat with your hand, locate the arms and sit.

SEATING IN A CAR

A Tip Sheet for the Visually Impaired and their Families

The **GUIDE'S** responsibilities:

- Bring the visually impaired person to the passenger's door of the car.

The **VISUALLY IMPAIRED PERSON'S** responsibilities:

- Locate the door handle. To save time-follow the separation between the window and car with your hand, down below the window to find the handle.

- The hand not being used to open the door should be located on the roof line of the car. This will help you judge how far to open the door.
- Locate the seat and clear in a circular motion with the hand. This will ensure you have an empty seat before sitting down.
- Place hand on roof line before getting in the car. This will let you know how far to duck when getting in.
- Sit in the car and bring feet in.
- Indicate that you are going to close door, then close it. This will ensure that nobody's fingers are in the way.
- Put on seatbelt.

Adapted from: Wiener, William R. Ph.D., Cleveland State university methods of orientation and mobility. Cleveland State University, p.19.

What is Assistive Technology?

Assistive Technology Products can enable people with disabilities to accomplish daily living tasks, assist them in communication, education, work or recreation activities, in essence, help them achieve greater independence and enhance their quality of life.

Assistive Technology devices can help improve physical or mental functioning, overcome a disorder or impairment, help prevent the worsening of a condition, strengthen a physical or mental weakness, help improve a person's capacity to learn, or even replace a missing limb.

Assistive Technology Services support people with disabilities or their caregivers to help them select, acquire, or use adaptive devices. Such services include functional evaluations, training on devices, and product demonstrations.

Assistive technology is technology used by individuals with disabilities in order to perform functions that might otherwise be difficult or impossible. Assistive technology can include mobility devices such as walkers and wheelchairs, as well as hardware, software, and peripherals that assist people with disabilities in accessing computers or other information

technologies. For example, people with limited hand function may use a keyboard with large keys or a special mouse to operate a computer, people who are blind may use software that reads text on the screen in a computer-generated voice, people with low vision may use software that enlarges screen content, people who are deaf may use a TTY (text telephone), or people with speech impairments may use a device that speaks out loud as they enter text via a keyboard.

Some of the Software is:

- Jaws – is a screen reader used to assist blind and visually impaired computer users
- ZoomText- Magnifying software for visually impaired users, is available with a screen reader
- Magic- Magnifying software for visually impaired users, is available with a screen reader
- Guide- is an easy to use software that assists the user to access the functions of the computer, it helps with tasks such as creating documents and email as well as surfing the internet. Guide can quickly be magnified for better visual capability.
- Dragon- allows the user to access the computer by using his own voice.

- Talking typing tutor- is an audible typing program that assists individuals to learn keyboarding skills.

Tip: With most programs the user can learn helpful information such as hot keys and program functions by pressing the F1 key on the key board

POSTAGE FREE MAIL

Federal Postal regulations allow certain mail to be sent to or from blind or other print handicapped persons free of postage. You will need to be certified by a competent authority as unable to read conventional reading material to qualify for this service.

- Letters which are written in raised characters or type that is 14 points or larger, or in the form of sound recordings, if unsealed and sent by a blind or other print handicapped persons.

More information can be found in the downloadable pamphlet Mailing Free Matter for Blind and Visually Impaired Persons.

Adaptive Equipment Resources

Maxi-Aids, Inc.
42 Executive Blvd.
Farmingdale, NY 11735
1-631-752-0521 (For information)
www.maxiaids.com

Ann Morris Enterprises, Inc.
551 Hosner Mountain Rd.
Stormville, NY 12582
845-227-9659
800-454-3175
www.annmorris.com

LS&S Group, Inc.
P.O. Box 673
Northbrook, IL 60065
800-468-4789
www.lssgroup.com

Outa Sight Products
269 S. Beverly Dr. Suite 321
Beverly Hills, Ca 90212
www.outa-sight.com

Independent Living Aids
27 East Mall
Plainview, NY 11803-4404
800-537-2118
www.independentliving.com

Resource List

(from the National Eye Institute and National Institute of Health)

Selected Resources for People with Low Vision

The selected resources included in this list may help individuals with visual impairments make the most of remaining sight. This list provides examples of available resources and we welcome suggestions for additions. These resources may also be able to refer you to services in your area. Inclusion in this list does not imply endorsement by the National Eye Institute or the National Institute of Health.

Eye Care Associations

American Academy of Ophthalmology

P.O. Box 7424

San Francisco, CA 94120-7424

415-561-8500

www.eyenet.org

-provides brochures on low vision and other eye problems

American Optometric Association

243 Lindbergh Blvd.

St. Louis, MO 63141

314-991-4100

www.aoanet.org

-provides brochures on low vision and other eye problems.

General Organizations

American Council of the Blind

1155 15th Street, N. W. Suite 720

Washington, DC 20005

800-424-8666

202-467-5081

ncrabb@access.digex.net

www.acb.org

-offers a wide variety of services to visually impaired persons with an emphasis on employment opportunities. Publishes the *Braille Forum*.

American Foundation for the Blind

11 Penn Plaza, Suite 30

New York, NY 10001

afbinfo@afb.org

www.afb.org

-offers consultation services to eye care, rehabilitation and education professionals. Serves as a national clearing house for information about blindness and visual impairments. Provides referrals to low vision centers. Maintains regional offices throughout the country.

Association for Education & Rehabilitation of the Blind and Visually Impaired

4600 Duke Street, Suite 430

P.O. Box 22397

Alexandria, VA 22304

703-823-9690

877-492-2708

www.aerbvi.org

-includes educators, rehabilitators, administrators, parent and house parents of blind children; agencies, schools and others interested in the education, guidance vocational rehabilitation or occupational placement of the blind and partially-sighted. Cooperates with colleges and universities in conference and workshops. Presents awards, conducts certification programs and maintains job exchange services. Works with state, provincial and national governments on legislation affecting services to blind and visually impaired individuals.

Associated Services for the Blind

919 Walnut Street , 2nd Floor

Philadelphia, PA 19107

215-627-0600

www.libertynet.org/asbinfo

-offers personal adjustment to blindness training and orientation and mobility training. Provides materials in Braille. Offers computer training using adaptive devices. Provides subscriptions (for a nominal fee) to magazines such as: Family Circle, Smithsonian, Science News and others.

Council of Citizens with Low Vision International

1-800-733-2258

317-254-1332

-Serves as an advocacy group for the visually impaired. Provides information on low vision technology. Offers scholarships. Publishes the *CCLV News*.

Independent Living Services for Older Individuals Who Are Blind

U.S. Department of Education

Rehabilitation Services Administration

330 C Street, S.W., Room 3229

Washington, DC 20202-2741

202-205-9320

-Provides training in skills of routine daily living, travel, communication, provision of adaptive devices, low vision services, family and peer counseling and community integration such as outreach and information and referral. Funded through Title VII, Chapter 2 of the Rehabilitation Act. Programs are available in every state and accessible through each state agency for the blind.

Lighthouse International

111 E. 59th Street

New York, NY 10022

1-800-829-0500

212-821-9200

212-821-9713 (TDD)

info@lighthouse.org

www.lighthouse.org

-Serves as a national clearinghouse for information on vision impairment across the life span including specific services for children and seniors. Offers a comprehensive selection of educational products, large print materials, talking products and related specialty items for people with visual impairments. Adaptive devices are available through catalog sales. Offers reading and library services, employment and recreation resources and technology centers.

Lions Clubs International

300 22nd Street

Oak Brook, IL 60521-8842

630-571-5466

www.lionsclubs.org

-Provides financial assistance for eye care to individuals through local clubs. Coordinates sight conservation activities. (Note: There are Lions Clubs in most localities and services vary from club to club.)

Check your telephone book for the address and telephone number of your local club).

Low Vision Council

111E. 59th Street, 12th floor
New York, NY 10022-1202
212-821-9790

www.lowvisioncouncil.org

-Works to raise awareness of low vision rehabilitation among eye care providers, as well as visually impaired consumers and their caregivers.

National Association for Visually Handicapped

22 W. 21st Street, 6th floor
New York, NY 10010
212-889-3141

-4-track audiocassette, available through the Library of Congress. Provides free service nationwide to eligible persons.

National Federation of the Blind

1800 Johnson Street
Baltimore, MD 21230
410-659-9314
1-800-638-7518

www.nfb.org

-Represents the largest membership of blind people in the nation. Provides a wide variety of services to visually impaired people including job placement. Publishes the Braille Monitor and Future Reflections. Distributes a catalog of publications available in large print, Braille or audiocassette and a catalog of aids and appliances.

Prevent Blindness America

500 E. Remington Road

Schaumburg, IL 60173

1-800-331-2020

847-834-2020

www.prevent-blindness.org

-Produces educational materials that address the special needs of senior citizens, agriculture and industrial workers, school teachers and children, nurses and doctors. Offer guidance regarding current available treatments, eye care facilities and programs, and current eye research findings through the National Center for Sight. Administers a research program to provide small start-up grants to young scientists.

Research to Prevent Blindness, Inc.

645 Madison Avenue
New York, NY 10022-1010
1-800-621-0026
212-752-4333

-Provides research grants to scientists interested in eye disease and vision disorders. Conducts seminars to encourage communication among scientists, practicing ophthalmologists and the public.

Resources for Rehabilitation

33 Bedford Street, Suite 19A
Lexington, MA 02173
781-862-6455

-Provides training and information to professionals who serve individuals with vision loss and other disabilities. Publishes a variety of resource guides on coping with a visual impairment.

Lending Libraries and Publication Sources

Christian Record Services

4444 S. 52nd Street
PO Box 6097
Lincoln, NE 68516
402-488-0981

www.christianrecord.org

-Provides a lending library of books in Braille, large print materials and cassette tapes. Provides referrals to local vision specialists and support groups.

Jewish Braille Institute of America

110 E. 30th Street

New York, NY 10016

212-889-2525

1-800-433-1531

www.jewishbraille.org

-Provides talking books, Braille and large-print books, a circulating library and a public education program. Offers counseling and referrals to low vision care in the US.

John Milton Society for the Blind

475 Riverside Drive, Room 455

New York, NY 10115

212-870-3335

www.jmsblind.org

-Provides free Christian literature in Braille, audiocassette and large type. Publishes a directory of resources and selected services and products for the blind and visually impaired.

New York Times/Large Type Weekly

229 W. 43rd Street

New York, NY 10036

212-556-1234

1-800-631-2580

www.nytimes.com/nytstore/publications/index.html

-Offers subscriptions to the *New York Times* in 16 point font

Reader's Digest Large Type Publications

PO Box 241

Mount Morris, IL 61054

800-431-1246

815-734-6963

-Offers subscriptions to Reader's Digest in large type.

Recordings for the Blind and Dyslexic- Headquarters

The Anne T. MacDonald Center

20 Roszel Road

Princeton, NJ 08540

1-800-221-4792

609-452-0606

www.rfbd.org

-Provides free cassette tapes, textbooks for students and materials needed for occupational pursuits.

Talking Tapes for the Blind

16 Sunnen Drive, Suite 162

St. Louis, MO 63143-3800

314-646-0500

1-877-926-0500

www.talkingtapes.org

-Provides textbooks on audiocassettes for students with visual, physical, cognitive and learning disabilities.

TIME Magazine Large Edition

PO Box 64436

Tampa, FL 33664-4436

1-800-881-2137

-Offers subscriptions to the large print weekly edition of TIME.

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Xavier Society for the Blind

154 E. 23rd Street

New York, NY 10010-4595

212-473-7800

-Serves as the National Catholic Press and Lending Library for the visually impaired.

Aurora Ministries

For Audio Bible orders, questions and information:

By Phone: (941) 748-3031

By Fax: (941) 748-2625

By Email: bibles@auroraministries.org

By Mail:

Audio Bibles for the Blind

P.O. Box 621

Bradenton, FL 34206

-Offers free Bibles in many languages on
Cassette tape and CDs.

Employment

Job Opportunities for the Blind

National Federation of the Blind

1800 Johnson Street

Baltimore, MD 21230

410-659-9314

www.nfb.org/newjob

-Works with agencies and blind people they serve
to provide a cost-effective pathway to jobs with good
earnings and benefits.

Blinded Veterans Association

477 H Street, NW

Washington, DC 20001

1-800-669-7079

202-371-8880

www.bva.org

-Links veterans with services, rehabilitation training and other benefits and helps them find jobs. Offers spouses and dependent children of blinded veterans a chance to continue their education through the Kathryn F. Gruber Scholarship program.

Directories

Directory of Services for Blind and Visually Impaired Persons in the United States and Canada, 25th edition (1998)

American Foundation for the Blind

11 Penn Plaza, Suite 300

New York, NY 10001

1-800-232-3044

www.afb.org

Living with Low Vision: A Resource Guide for People with Sight Loss

Resources for Rehabilitation

33 Bedford Street, Suite 19A

Lexington, MA 02173

781-862-6455

www.rfr.org

Rehabilitation Resource Manual

Resources for Rehabilitation

33 Bedford Street, Suite 19A

Lexington, MA 02173

781-862-6455

www.rfr.org

Aging and Vision-Directory of Programs and Services for Older Adults with Impaired Vision

Lighthouse International

111 E. 59th Street

New York, NY 10022

1-800-334-5497

212-821-9200

Disease Specific Organizations

(The) Achromatopsia Network

PO Box 214

Berkeley, CA 94701-0214

www.achromat.org

-Provides information about achromatopsia and about the resources that are available to meet the special needs of those affected by this disorder that is characterized by severe color vision defect and poor visual acuity. Seeks to promote awareness and

education about achromatopsia. Assists patients and family members in networking. Publishes a newsletter and other publications.

American Behcet's Association

PO Box 27494

Tempe, AZ 85285-7494

1-800-723-4238

-Provides support and information to individuals with Behcet's disease, symptoms of which include ocular inflammation (uveitis). Publishes a quarterly newsletter and distributes patient pamphlets.

Coordinates a pen pal/network. Provides physician referrals. Coordinates a network of local support groups. Holds an annual international conference.

Association for Macular Diseases

210 E. 64th Street

New York, NY 10021

212-605-3719

www.macular.org/assoc

-Offers education and information on macular disease through seminars, newsletters and a hotline. Offers counseling to patients and their families.

Benign Essential Blepharospasm Research Foundation

PO Box 123468
Beaumont, TX 77726-2468
409-832-0788

www.blepharospasm.org

-Distributes informational materials on benign essential blepharospasm. Provides a support system for persons who suffer from the disease. Publishes a bimonthly newsletter. Coordinates a video lending library.

Cogan's Contact Network

www.java.net/~pug/cotans/cogans.html

-Offers on-line support and assistance for people living with Cogan's syndrome.

Eye Bank Association of America

1001 Connecticut Avenue, NW
Suite 601
Washington, DC 20036-5504
202-775-4999

www.restoresight.org

-Establishes medical standards for evaluating and distributing eyes for corneal transplantation and research. Certifies eye banks and technicians. Awards annual grants used for research and transplantation.

(The) Foundation Fighting Blindness

Executive Plaza 1, Suite 800
11350 McCormick Road
Hunt Valley, MD 21031-1014
1-800-683-5555
410-785-1414

www.blindness.org

-Acts as a clearinghouse and distributor of self-help program information. Sponsors research on the cause, prevention and treatment of retinitis pigmentosa, Usher's syndrome, macular degeneration, and other retinal degenerative conditions. Conducts education programs for those affected by the disorders as well as professionals and the general public. Coordinates national information and referral service and the Retinal Donor program. Publishes newsletters and other publications.

(The) Glaucoma Foundation

33 Maiden Lane, 6th floor
New York, NY 10038
1-800-452-8266
212-651-1900

www.glaucoma-foundation.org

-Coordinates public education activities and encourages routine eye examinations. Funds research on the molecular genetics of glaucoma and on optic

nerve regeneration. Provides referral to glaucoma specialists. Publishes public and patient education materials, including a newsletter *Eye to Eye*.

Glaucoma Research Foundation

200 Pine Street, Suite 200

San Francisco, CA 94104

1-800-826-6693

415-986-3162

www.glaucoma.org

-Conducts patient education activities. Maintains the Glaucoma Eye Donor Network, provides multi-disciplinary seminars, and conducts collaborative studies. Publishes *Gleams*, a quarterly newsletter, and *Understanding and Living with Glaucoma*, a reference guide for patients and their families.

International Children's Anophthalmia Network (Ican)

Genetics, Levy 2

Albert Einstein Medical Center

5531 Old York Road

Philadelphia, PA 19141

1-800-580-4226

215-456-8722

www.ioi.com/ican

-Provides information on anophthalmia and microphthalmia. Coordinates a patient registry. Offers referrals to local resources. Coordinates gatherings for individuals with anophthalmia/microphthalmia and their families. Publishes a newsletter, *The Conformer*.

Macular Degeneration International

6700 North Oracle Road, Suite 121

Tucson, AZ 85704

1-800-393-7634

520-797-2525

-Provides support for people affected by inherited macular degenerations including Stargardt's disease, cone or cone/rod dystrophy, Best's disease, juvenile retinoschisis, and juvenile macular dystrophy. Coordinates a patient network. Membership includes a resource binder and a subscription to a biannual newsletter.

March of Dimes Birth Defects Foundation

1275 Mamaroneck Avenue

White Plains, NY 10605

914-428-7100

www.modimes.org

-Develops and distributes health care materials for health professionals and the public on genetic and

congenital diseases and disorders. Offers public and professional health education and community service programs to improve maternal and newborn health. Works with other organizations to initiate and implement community programs of prenatal care education and service. Awards basic and clinical research grants to scientists interested in genetic and congenital disorders.

National Association for Pseudoxanthoma Elasticum

1420 Ogden Street
Denver, CO 80218
303-832-5055

-Provides information on pseudoxanthoma elasticum (PXE), a systemic disease that causes the body to produce defective connective tissue, and in the eye may cause retinal disease. Publishes a newsletter.

National Graves' Disease Foundation

PO Box 1969
Brevard, NC 28712
828-877-5251

www.ngdf.org

-To provide current medical information and referral and resource information to people with Graves'

disease, a leading cause of overactive thyroid. Publishes a periodic newsletter. Coordinates public and professional education on Graves' disease.

National Keratoconus Foundation

Cedar-Sinia Medical Towers
8631 W. 3rd Street, Suite 520 E
Los Angeles, CA 90086
310-855-6455
1-800-521-2524 (California only)

www.csmc.edu/nkcf

-Sponsors basic and clinical research as well as a public education program including self-help groups and seminars. Provides information to patients and eye care practitioners.

National Marfan Foundation

382 Main Street
Port Washington, NY 11050
1-800-8-MARFAN
516-883-8712

www.marfan.org

-Disseminates information about Marfan syndrome, a genetic disorder of the connective tissues in which dislocated lenses, cataract and retinal detachment are ocular symptoms. Provides a communication network for patients and their families. Supports and

encourages research. Publishes *The Marfan Syndrome*, a comprehensive booklet on the disease, and *A Guide for Eye Care Professionals*.

National Organization for Albinism and Hypopigmentation

1530 Locust Street, #29

Philadelphia, PA 19102

1-800-473-2310

215-545-2322

www.albinism.org

-Educates teachers, health care professionals and the public about albinism and hypopigmentation. Provides support to individuals and their families. Encourages research on the cause, results and treatment of the disorder. Maintains a speakers' bureau. Information packets are available upon request.

National Organization on Rare Disorders

100 Route 37, PO Box 8923

New Fairfield, CT 06812-8923

1-800-999-6673

203-746-6518

www.raredisease.org

-Acts as a clearinghouse for information about rare disorders. Fosters networks between families with similar disorders. Educates the general public.

VISOR HOPTEL PROGRAM

GUIDELINES FOR OCCUPANCY

1. Occupants will reside in a designated bed.
2. Occupants will be attired in street clothes during the day.
3. Occupants will be responsible for bringing with them such items as pajamas, toiletries, and any other supplies necessary for their stay in the program.
4. Occupants are considered outpatients when they receive their therapy or other care while residing on the VISOR HOPTEL Unit.
5. Occupants are expected to assist in the daily maintenance of their rooms and shared facilities used on the unit. Environmental Management will provide daily light housekeeping services at a predetermined time and a complete cleaning when occupants depart.
6. Occupants will be served breakfast, lunch, and dinner during their stay on the VISOR Hoptel Unit.

(Family members may purchase meals at current hospital rates.)

7. A refrigerator and microwave oven will be available in the patient lounge, Room 145, for participants' personal use.

8. Occupants have the freedom to come and go from their rooms at will, within the established guidelines of the medical center.

A telephone will be located in each room for internal, local and credit card calls.

Smoking is not allowed in the building. Smoking is allowed in the Smoking Shed located outside of Building 6.

No alcoholic beverages or illicit drugs are allowed on the medical center grounds.

Building 7 will be locked at 8:30 pm. If you arrive after that time, you will need to enter the building through the main entrance at Building 3. Keep in mind that Escort and wheelchairs are not available at that time. Please see attached maps.



NO-SMOKING POLICY REMINDER

All employees, volunteers, patients, and visitors are reminded that smoking is prohibited on VA grounds, except in designated areas. Our Police Officers routinely monitor our sites for smoking violators and have the authority to issue a Summons, answerable in a Federal Court, to individuals who do not follow our smoking policy. Please help to keep the VA New Jersey Health Care System a safe and healthful environment for all. Thank you for your support.

VISOR HOPTEL Emergency Procedures

While it is not possible to plan for every unexpected occurrence, the following procedures are intended to serve as a general guide.

1. Medical Emergency - (chest pain, shortness of breath, choking, loss of consciousness, severe laceration, and other major medical issues).

- a. If able, Call 3000 and give your location (7-1-Rm Number) and nature of emergency.
- b. If not able to call, follow instructions for using the 2-Way Radio.

2. Minor Medical Issues

- a. All injuries or illnesses should be reported to the staff.

3. Threatening Behavior or Unsafe Condition – If another VISOR resident's behavior is threatening to the safety or Health of himself or others, inform VISOR or other medical center staff immediately. If there is an electrical or mechanical condition in the VISOR HOPTEL area, notify medical center staff as soon as possible.

- a. DO NOT INTERVENE – only inform VISOR or other medical center staff of the situation ** DIAL 3000

2-Way Radio Emergency Alert System Quick Reference Guide

- **Carry the 2-Way Radio unit with you at all times. Hold in your hand so that top (side with digital display and 5 buttons) is face up in palm of hand. Place index finger on Emergency Alert Button, between power button and antenna.**
- **At bedtime, place unit on the charger. Battery has 14 hours of use time when fully charged.**
 - **With unit facing you, set it down in charging base. The red LED light will come on.**
- **Unit is to be used primarily in Bldg 7, 1st Floor. If you are anywhere else in the medical center, please alert nearest VA employee of emergency. If no one else is around, you may activate the 2-Way Radio Emergency Alert Mode, understanding that it may not work.**
- **To use Emergency Alert Mode**
 - **Press and hold for 3 seconds the red button. Release button once alert sound starts and red LED light glows.**
 - **Once alert sound stops, you may tell your emergency. Please be as specific as possible as to your location (i.e. I am in Bldg 7, Room 146, and the Bathroom). Please tell what the emergency is (i.e. I've fallen and there is pain in my hip).**
 - **There will be no response through the 2-way radio until the emergency alert mode is finished (about 25-30 seconds after starting it). It makes a short beep sound when Emergency Alert mode ends.**
 - **Once Emergency Alert Mode is completed, someone will alert you that your call was received and that help is on the way.**
- **The settings on the unit are locked. Please do not try to change them.**
- **There is an LED Flashlight on bottom of unit. To turn on, press bottom button on right hand side of unit.**
- **Do not submerge the unit in water. You may take into shower but leave it where you can reach it if you were to fall.**

In Case of Fire

***From the Training Kitchen (Room 134) to Reception area and staff offices, go through main entrance and descend stairs to the Building Sign Post (to left of walkway).**

***From the Laundry Room (Room 137) to Patient Rooms and Training Rooms, go to Stairwell next to Laundry Room; descend stairs and go to the left to the Chapel; wait there until further instructions.**

****If you are unable to access the A wing stairwell because it is unsafe to do so, go to the nearest stairwell, descend stairs and proceed to outside meeting spot by sign.**

Important- stay together until all are accounted for.

WEEKEND RELIGIOUS SERVICE SCHEDULE

CATHOLIC

Masses – Community Living Center

Sunday 9:15 a.m. 2nd Floor Dining Room

Saturday 9:30 a.m. 1st Floor Dining Room

Building 143 – Chapel

Sunday 10:15 a.m.

Building 7 – Chapel

Sunday 1:00 p.m. for VISOR patients

Friday 11:00 a.m.

PROTESTANT

Sunday 9:00 a.m. Chapel, Bldg. 143

Sunday 10:15 a.m. Community Living Center –
2nd Floor Dining Room

JEWISH

Friday 10:00 a.m. Community Living Center –
2nd Floor Dining Room

MUSLIM

Friday 12:00 p.m. – 3:00 p.m. Chapel – Bldg. 143

Recreation and Leisure Available on Unit

- Playing Cards
- Board Games
- Wii Game System
- Movies, including Descriptive Video Service (DVS)
- Talking Books
- Large Print Books and Puzzle Books
- There will be “Themed” Nights, to allow you to experience different types of activities.

PLACES TO VISIT AT THE LYONS VA

BARBER SHOP – BUILDING 6 - BASEMENT

MON. & TUES. 12:00 NOON – 2:00 P.M.

HAIRCUT \$12.00 SHAVE \$6.00

EXTENSION 4402

CANTEEN – BUILDING 6A

MON. – FRI. 7:30 A.M. – 3:00 P.M.

EXTENSION 4445

FOXHOLE CAFE – BUILDING 53

MON. – FRI. 3:00 P.M. – 7:30 P.M.

SAT. & SUN. 7:30 A.M. – 10:30 P.M.

EXTENSION 4542

MUSEUM – BUILDING 57- 2nd FLOOR

WED. 11:00 A.M. – 2:00 P.M.

SAT. & SUN. 11:00 A.M. – 5:00 P.M.

CALL EXTENSION 4217 BEFORE GOING

RETAIL STORE – BUILDING 6A

MON. – FRI. 8:00 A.M. – 3:30 P.M.

EXTENSION 4303

HOW TO USE THE TELEVISION

- 1) USING THE REMOTE, AIM IT TOWARDS THE TELEVISION.**
- 2) TO TURN ON: PRESS THE TV BUTTON; TOP LEFT BUTTON.**
- 3) TO TURN OFF: PRESS THE POWER BUTTON; TOP MIDDLE BUTTON (THERE ARE FOUR OTHER BUTTONS (TV, DVD) AROUND IT AND IT IS CENTERED IN THE MIDDLE. IT HAS A GREEN SYMBOL ON IT.**
- 4) IN MIDDLE OF REMOTE, THERE ARE TWO BUTTONS (ONE TO THE LEFT AND ONE TO THE RIGHT) THAT ARE LIKE TOGGLE SWITCHES.**
- 5) THE LEFT IS THE VOLUME—PRESS AT TOP INCREASES VOLUME, PRESS AT BOTTOM DECREASES VOLUME.**
- 6) THE RIGHT IS THE CHANNEL—TOP INCREASES, BOTTOM DECREASES.**
- 7) THE NUMBER KEYS ARE $\frac{3}{4}$ OF THE WAY DOWN THE REMOTE; THE FIVE HAS A LITTLE BUMP ON IT.**
- 8) PLEASE REMEMBER TO TURN TELEVISION OFF WHEN YOU ARE NOT USING IT.**

TV CHANNELS

2	CBS
3	SPANISH
4	NBC
5	FOX
6	SPANISH
7	ABC
9	MY 9 MNT-WWOR
11	THE CW-PIX
13	PBS-WNET
16	HLN
18	TNT
20	TBS
22	USA
24	THE WEATHER CHANNEL
26	ESPN
28	ESPN 2
30	ESPNNews
32	ESPN CLASSIC

RECHARGEABLE FLASHLIGHT

- **NEEDS 12 HOURS FOR A FULL CHARGE**
- **FULL CHARGE PROVIDES 60 MINUTES OF CONTINUOUS LIGHT**
- **RED LED LIGHT INDICATES CHARGING AND QUICK LOCATION AT NIGHT**
- **AUTOMATICALLY LIGHTS WHEN POWER FAILS**

TO CHARGE:

- **FLIP PLUG FROM RECESSED AREA OUT**
- **MAKE SURE POWER SWITCH IS SET TO AUTO/ON**
- **PLUG INTO OUTLET—WITH POWER SET TO AUTO/ON, THE LIGHT WILL COME ON IN THE EVENT THE POWER GOES OUT.**

TO USE:

- **PULL FROM OUTLET**
- **PUSH PLUG INTO RECESSED AREA**
- **LIGHT SHOULD BE ON IF POWER SWITCH IS SET TO AUTO/ON; IN THE EVENT IT IS NOT ON, THEN SLIDE SWITCH TO AUTO/ON POSITION**